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LEGISLATIVE RESOURCE CENTER

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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES		FORM B	
FINANCIAL DISCLOSURE STATEMENT		For New Members, Candidates, and New Employees	
Name: <u>WAYNE LIEBENTZKY</u>		Daytime Telephone: _____	
FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives State: <u>FL</u> District: <u>9</u> Candidates - Date of Election: <u>NOV 6 2013</u>	<input type="checkbox"/> Check if Amendment (Office Use Only)	
	<input type="checkbox"/> New Officer or Employee Employing Office: _____	Staff Filer Type (If Applicable): Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/> Period Covered: January 1, _____ to _____	
A \$200 penalty shall be assessed against any individual who files more than 30 days late.			

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE			

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: WAYNE LIREWITZKY

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BLOCK A		BLOCK B													BLOCK C								BLOCK D																							
Assets and/or Income Sources		Value of Asset													Type of Income								Amount of Income																							
																							Current Year												Preceding Year											
		A	B	C	D	E	F	G	H	I	J	K	L	M								I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000*	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000*
SP	ASSET NAME	EP																																												
SP	SAVINGS (S)					X													X					X	X	X																				
SP	SAVINGS (B)				X														X					X	X	X																				
SP	FIRE			X																				X																						
SP	VALC			X													X	X						X																						
SP	ANRP			X													X	X						X																						
SP	SAVINGS (B)			X															X																											
SP	SANTA FE			X																																										
SP	TOO BIZ							X																	X																					
SP	PENS																																													
SP	EXPEDITION				X												X																													
SP	ADMINISTRATOR																							X																						
SP	PROPERTY						X										X																													

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: _____

Name: WAYNE LIBENTEK

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS AND PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,485. The 2017 limit is \$27,765. In addition, certain types of income (notably monies, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

[illegible]

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: WAYNE LIBENTY

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
JT	MAC TOOLS	1/07	Credit, INC		X									
JT	FSN	3/03	Credit Line		X									
JT	BANK OF AMERICA	6/96	MORTGAGE		X									
JT	TD	9/17	CAR RENT		X									

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Owner	MACKEY TOOLS LLC

Use additional sheets if more space is required.